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June 30, 2008

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**Re: U.S. Utility Patent Application Serial No. 10/667,521
For: APPARATUS AND METHOD FOR REDUCING FLUID
LOSS DURING A SURGICAL PROCEDURE
Our Reference No: 23660-00656**

Dear Sir:

Transmitted herewith for filing in the U.S. Patent and Trademark Office in connection with the above-referenced application are the following documents:

- (1) Request for Continued Examination Transmittal (1 sheet);
- (2) Fee Transmittal (in duplicate);
- (3) Petition for Extension of Time (3 months) (1 sheet) (in duplicate);
- (4) Response to Office Action (9 pages).

Please charge all fees due for this submission to Deposit Account No. 03-2469.

Please date-stamp the enclosed copy of this letter, thereby acknowledging receipt of the above-identified documents.

Sincerely yours,



JOHN N. COULBY, Reg. No. 43,565

Enclosures

cc: Hugh H. Trout

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
930.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 10/667,521 |
| Filing Date | September 23, 2003 |
| First Named Inventor | Hugh H. Trout, III |
| Examiner Name | Melanie Tyson |
| Art Unit | 3773 |
| Attorney Docket No. | 23660-00656 |



METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-2469 Deposit Account Name: Collier Shannon Scott

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--------------|---|----------|---------------|---------------------------|----------|
| | | | | Fee (\$) | Fee (\$) |
| | - 20 or HP = | x | = | 50 | 25 |
| | HP = highest number of total claims paid for, if greater than 20. | | | 210 | 105 |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
|---------------|--------------|----------|---------------|--|--|
| | - 3 or HP = | x | = | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| | - 100 = | / 50 = (round up to a whole number) x | | = |

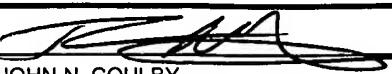
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE (\$405); Petition for Extension of Time (3 mos.) (\$525)

930.00

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 43,565 | Telephone 202-342-8400 |
| Name (Print/Type) | JOHN N. COULBY | | Date June 30, 2008 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
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| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
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Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small EntityFee (\$)

50 25

210 105

370 185

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

- 3 or HP = _____ x _____ = _____

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| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

| | | | |
|---------------------|---|-----------------|----------------------|
| _____ - 100 = _____ | / 50 = _____ (round up to a whole number) | x _____ = _____ | <u>Fee Paid (\$)</u> |
|---------------------|---|-----------------|----------------------|

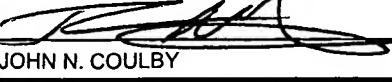
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